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IN THE UNITED STATES PATENT & TRADEMARK OFFICE

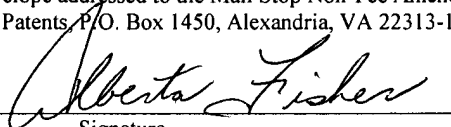


SERIAL NO. : 10/775,563
FILED : February 10, 2004
FOR : ELECTRO-HYDRAULIC MANIFOLD ASSEMBLY AND METHOD
OF MAKING SAME
APPLICANT : JORGE A. MORENO
ART UNIT : 3747
EXAMINER : CARL STUART MILLER
CONFIRMATION NO.: 1435

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF TRANSMISSION (37 C.F.R. 1.8(a))

I, **Alberta Fisher**, hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450


Signature

Date: **January 19, 2005**

Sir:

AMENDMENT UNDER 37 CFR 1.312

Responsive to the Notice of Allowance dated January 4, 2005, Applicant requests entry of the following amendment.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.



DATE: January 19, 2005
CASE DOCKET NO.: 01-ASD-267 (EH)

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Sir:

Transmitted herewith is an **Amendment** in the above-identified application.

☒ No additional fee is required

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	RATE	ADD'L. FEE
TOTAL	* 15	** 20	= 0	X \$18.00	= \$0.00
INDEP.	* 2	*** 3	= 0	X \$88.00	= \$0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$300.00	= \$0.00
				TOTAL	\$0.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☒ Please charge my Deposit Account No. 05-0275 in the amount of **\$0.00**. A duplicate copy of this sheet is attached.

☐ A check in the amount of \$_____ is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 05-0275. A duplicate copy of this sheet is attached.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
Any patent application processing fees under 37 CFR 1.17.

Eaton Corporation
The Patent Law Department
1111 Superior Avenue
Cleveland, Ohio 44114-2584
(216) 523-4132



ATTORNEY OF RECORD
Roger A. Johnston, Registration No. 25,880